TRAVEL EXPENSE CLAIM

See Instructions and Privacy

							nt on Reverse Side				Page 1 of 1				
CLAMANT'S NAME						SSAN OR EMPLOYEE NUMBER				DEPARTMENT					
John Cruz Position CB/ID NUMBER							DIVISION OR BUREAU					Tanana an ini			
						DIVIDION ON BUNEAU					NDEX NUMBER				
Appointments Secretary						HEADQUARTERS ADDRESS					TELEPHONE NUMBER				
1							1350 Front Street, Suite 6054								
CITY STATE ZP						CITY STATE							ZIP		
						San Diego				California 92101					
	T			MEALS				TRANSPOR							
MONT	HYEAR)	LOCATION			l					CARFARE,			BUSINESS	TOTAL	
1	100	WHERE EXPENSES	LODGING			ĺ	INCIDENTALS	COST OF		TOLLS,	PRIVATE	CAR USE	EXPENSE	EXPENSES	
DATE	TIME	WERE INCURRED		BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR DAY	
3.16.10	10:00am	OC to SAC	134.93		9.83			109.70		37.00		0.00		291,4	
3.17.10	All Day	SAC	134.93			18.00	6.00					0.00		158.93	
3.18.10	5:00pm	SAC to OC					6.00	135.70		84.68		0,00		226.3	
												0.00		0.00	
3.23.10	10:00am	OC to SAC	134.93		8.09			162,70		36.96		0.00		342.68	
3.24.10	All Day	SAC	134.93		6.57	18,00	6.00					0,00		165.50	
3.25.10	7:10pm	SAC to OC			6.75		6.00	162.70		84.58		0,00		260.03	
												0.00		0.00	
									36			0.00	19	0.00	
												0.00		0.00	
						1	37.00					0.00		0.00	
												0.00		0.00	
												0.00		0.00	
SUBTOTALS 539.72			0.00	31.24	36.00	24.00	570.80	0.00	243.22	0	0.00	0.00			
COLUMN CODE (ACCTG: USE ONLY)															
	CLAIM	TOTAL									\$1,444.98				
		P, REMARKS AND					•	, ,			NORMAL V	VORK HOU	IRS		
3.16.10 - 3.18.10 Appointments sign time with GAS, meetings with stakeholders and staff. 3.23.10 -3.25.10 Meetings with GO and Agency staff, interviews for potential appointees.										PRIVATE VEHICLE LICENSE NUMBER					
										ε	MILEAGE F	RATE CLAIN	MED		
											AGENO	Y ACCOL	INTING C	FFICE	
I HEREBY C	ERTIFY, Tha	t the above is a true stater	ment of the tr	avel expense:	s incurred by	me in accord	dance with Di	PA rules in th	e service of t	ne State of		USE	NLY		
California If	a privately o	wned vehicle was used ar	nd if mileage	exceeds the r	minimum rali	e, I certify the	cost of the o	perating the v	ehicle was e	qual to or	PAIDBY	REVOLVING F	JND CHECK N	UMBER	
		ned, and that I have met th	ne requireme	nts as prescri	bed by SAM	Sections 075	50, 0751,0752	2, 0753 and 0	754		2	40	965	?	
pertaining to CLAIMANT'S S		y and seat belt usage			DATE ,	, 1	SIGNATURE (OF OFFICER A	PPROVING TR	AVEL AND PA	AYMENT	[]	DATE		
	V-2				3/29	10							4/5/	(O	
SIGNATL			ENSES		20							C	DATE /		